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## BIB DATA SHEET

CONFIRMATION NO. 1130

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                            | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.  |                                |
|---|---|----------------------------------|-----------------------------|---|--------------------------------|
| 10/539,427  | 01/17/2006<br>RULE  | 426                              | 1655                        | 048109/293994   |                                |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB02/05558 12/20/2002   |   |                                  |                             |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                  |                             |   |                                |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>  |   |                                  |                             |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /HEATHER L ANDERSON/<br>Acknowledged <u>                    </u><br><small>Examiner's signature</small>  | <input type="checkbox"/> Met after Allowance<br><small>Initials</small>   | <b>STATE OR COUNTRY</b><br>INDIA | <b>SHEETS DRAWINGS</b><br>0 | <b>TOTAL CLAIMS</b><br>16   | <b>INDEPENDENT CLAIMS</b><br>1 |
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| <b>TITLE</b><br>Ayurvedic herbal soft drink   |   |                                  |                             |   |                                |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  |                             | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |